

ATHLETIC QUESTIONNAIRE



Please complete the following Athletic Questionnaire and return it by email to Carl Michaelson
carl.michaelson@collegebourget.qc.ca.

Thank you!

STUDENT IDENTIFICATION

LAST NAME: _____ FIRST NAME: _____
MIDDLE INITIAL OR NICKNAME: _____ TODAY'S DATE: _____
DATE OF BIRTH: _____
ADDRESS: _____ CITY: _____
PROVINCE/STATE: _____ COUNTRY: _____
HOME PHONE: _____

MOTHER

NAME: _____ ALMA MATER: _____
OCCUPATION: _____ CELL PHONE: _____

FATHER

NAME: _____ ALMA MATER: _____
OCCUPATION: _____ CELL PHONE: _____

FAMILY EMAIL ADDRESS: _____
SIBLINGS (name/age): _____

STUDENT INFORMATION

CURRENT TEAM & LEAGUE: _____ CURRENT #: _____
POSITION(S): _____ SHOT: _____ HT.: _____ WT.: _____
CURRENT COACH: _____ CELL PHONE: _____
EMAIL: _____
OTHER REFERENCE: _____ CELL PHONE: _____
EMAIL: _____



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ATHLETIC QUESTIONNAIRE



PREVIOUS TEAM & LEAGUE: _____

PREVIOUS COACH: _____

CELL PHONE: _____ EMAIL: _____

HOCKEY HONOURS: _____ ACADEMIC HONOURS: _____

OTHER SPORTS OR HOBBIES: _____ CURRENT GRADE: _____

CURRENT HIGH SCHOOL AVERAGE: _____

BOURGET ALUMNI / STUDENTS YOU KNOW: _____

Please use this space to tell us anything else you would like us to know about yourself.



BOURGET COLLEGE

Hockey Director: Carl Michaelson 514 607-2431
carl.michaelson@collegebourget.qc.ca/en/

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